United Nations S/PV.4259

Security Council

Fifty-sixth year

Provisional

4259th meeting

Friday, 19 January 2001, 10.30 a.m.

New York

President:	Mr. Jayakumar	(Singapore)
Members:	Bangladesh	Mr. Chowdhury
	China	Mr. Shen Guofang
	Colombia	Mr. Valdivieso
	France	Mr. Levitte
	Ireland	Mr. Ryan
	Jamaica	Miss Durrant
	Mali	Mr. Ouane
	Mauritius	Mr. Neewoor
	Norway	Ms. Sydnes
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Ben Mustapha
	Ukraine	Mr. Kuchynski
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock
	United States of America	Mr. Holbrooke

Agenda

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations.

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01-21967 (E)

The meeting was called to order at 10.45 a.m.

Expression of welcome to the Minister of International Development of Norway

The President: I should like to acknowledge the presence at the Council table of the Minister of International Development of Norway, Ms. Anne Kristin Sydnes. On behalf of the Council I extend a warm welcome to her.

Adoption of the agenda

The agenda was adopted.

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

The President: I should like to inform the Council that I have received letters from the representatives of Canada, Costa Rica, India, Nigeria and Sweden, in which they request to be invited to participate in the discussion of the item on the Council's agenda. In conformity with the usual practice, I propose, with the consent of the Council, to invite those representatives to participate in the discussion without the right to vote, in accordance with the relevant provisions of the Charter and rule 37 of the Council's provisional rules of procedure.

There being no objection it is so decided.

At the invitation of the President, Mr. Heinbecker (Canada), Mr. Niehaus (Costa Rica), Mr. Sharma (India), Mr. Mbanefo (Nigeria) and Ms. Schori (Sweden) took the seats reserved for them at the side of the Council Chamber.

The President: In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

There being no objection, it is so decided.

I invite Mr. Guéhenno to take a seat at the Council table.

In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

There being no objection, it is so decided.

I invite Dr. Piot to take a seat at the Council table.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

I give the floor to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

Mr. Guéhenno: I had the opportunity less than a month ago to brief the Security Council during its informal consultations on the subject of HIV/AIDS and peacekeeping. I am grateful to have the opportunity today to speak on this subject again, in this open meeting.

Putting the issue in context, people of conscience cannot possibly turn away from the staggering tragedy of HIV/AIDS. I personally cannot but be thunderstruck by some of the most recent estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization about the epidemic, which bear repeating. I personally find it painful to comprehend that an estimated 3 million people around the world died of AIDS last year, and that 5.3 million were newly infected. Almost 22 million people have died of AIDS since the epidemic began, and Africa has buried three quarters of them. The continent could end up burying one third of today's 15-year-olds because of AIDS in the countries where the epidemic is most rampant. The problem is not, of course, restricted to Africa. Over 36 million people around the world are estimated to be living with HIV today. I am taking this opportunity, as a human being, to add my voice to Dr. Piot's in publicizing those statistics.

I want to address one issue that is of great concern to all of us. Is there a link between HIV/AIDS and peacekeeping? Is there a risk? As the Under-Secretary-General for Peacekeeping Operations, the question I must ask myself is, what impact do 38,000 or even 50,000 peacekeepers deployed worldwide have on this epidemic that has affected tens of millions of people? And what can the Department of Peacekeeping

Operations (DPKO) do to make a contribution in helping to prevent its spread?

The reality is that a number of peacekeepers, like any sample of people from around the world, are likely to have been infected by HIV, prior to deployment, and this does not apply only to peacekeepers coming from countries with high prevalence rates.

It is also a fact that some, although certainly not all, of our peacekeeping missions are deployed to parts of the world where there is a relatively high incidence of HIV/AIDS. Furthermore, it is a fact that some peacekeepers are sexually active while on United Nations missions. That such risk behaviour takes place at all is an issue to which I will return later in my remarks, because it is an important one.

These few basic points alone should leave absolutely no one in doubt. It is undeniable that there is a risk of peacekeepers transmitting HIV, or of contracting HIV, while they are on mission. It stands to reason that this must have happened already. How big is the risk? We do not yet have the means to quantify the extent to which this has happened already, or to quantify the extent of the risk in the future. There are normal rules and norms for epidemiological research and collection of medical data which are especially important to follow when dealing with the issue of HIV/AIDS. However, the correct collection of such data is difficult for a variety of reasons, two in particular.

First, there is generally a lack of reliable and complete data on HIV/AIDS in the places in which peacekeepers deploy. The capacity of countries to collect epidemiological data on HIV/AIDS, if it ever existed, can be severely crippled by the outbreak of war. Thus, there is generally a lack of baseline data against which to judge the impact of a peacekeeping operation on the incidence of HIV/AIDS in the place of deployment. The development of local capacities in this area is therefore critical, and I join the appeal to the donors to increase their assistance for this purpose.

Secondly, we do not have reliable data on the prevalence of HIV among contingents. Member States, and not the United Nations, are responsible for the medical records of their contingents. National Governments do not, as a matter of practice, inform the United Nations that one or more of their personnel have contracted HIV/AIDS while on mission. Even if they were ready to do so, Member States would have had to test their personnel for HIV prior to deployment in order to know if the infection had been contracted while on mission, rather than beforehand.

DPKO, in cooperation with UNAIDS, welcomes any information from Member States that would help us to verify and understand the extent of the problem better, so that we might tailor our prevention strategies accordingly. In collecting data that could help to shape our future policies and programmes, it is, of course, essential to respect the confidentiality of individuals' medical records.

On a related note, just a few days ago DPKO put forward a proposal to Member States, within the context of the discussions of the so-called post-Phase V Working Group, for the United Nations to reimburse contributors for the costs of conducting HIV testing for their personnel, both pre-deployment and upon return. We believe that it would be an important and relatively minor investment for the Organization to make, while recognizing that it remains the prerogative of Member States to apply their respective policies on testing. We do, however, strongly recommend voluntary confidential testing and counselling.

In the interim, even without hard statistics in hand, there is no disputing that HIV/AIDS in general is a problem of massive proportions, and that peacekeepers are not exempt from it.

What are the key immediate challenges before us? While we cannot change what has happened already, the first step in mitigating future risks is to increase the awareness of peacekeepers, and those with whom they come in contact locally, about the causes of HIV/AIDS and the ways of preventing its spread.

The Security Council's ground-breaking and historic resolution 1308 (2000), adopted in July of last year, specifically recognized the importance of incorporating HIV/AIDS prevention and awareness skills in DPKO's training for peacekeeping personnel, as did the Special Committee on Peacekeeping Operations, in its report of 20 March 2000. These issues were already important parts of the curriculum in all United Nations-organized training and orientation programmes for peacekeepers, but the strong support from the Security Council and the Special Committee definitely increased the extent to which Member States prioritize this issue in the training that they give to peacekeepers.

(spoke in French)

What can we do in order better to meet the challenges? As I said during informal consultations on 22 December last, the Training and Evaluation Service of the Department of Peacekeeping Operations has developed a training module on medical issues for senior-level national trainers. The module, which is part of a broader training course on a variety of peacekeeping issues, generally lasts for two to three days, and 80 per cent of the material covered is dedicated to HIV/AIDS awareness and prevention. In the past six months, the Service has conducted three such regional "train the trainers" courses in Zimbabwe, South Africa and Ghana. Furthermore, these programmes were incorporated into the peacekeeping training course for human rights and humanitarian assistance for military officers and civilian police trainers, held in Turin, Italy, in November last year. In 2001, we plan to organize sessions in Nepal, for Asia; Kenya, for Africa; in Bosnia, for Europe; and in Latin America, in a city yet to be determined.

The Training and Evaluation Service of DPKO, UNAIDS and the Civilian Military Alliance to Combat HIV and AIDS (CMA) have collaborated in producing a number of publications that are distributed to all participants in the "train the trainers" courses. Some of them include — I'll cite them in English, since most are in English —

(spoke in English)

> "Protect Yourself and Those You Care About against HIV/AIDS", "Policy Guidelines on HIV/AIDS Prevention and Control for Military Planners and Commanders", and "HIV Prevention and Behaviour Change in International Military Populations".

(spoke in French)

The Department's Training and Evaluation Service has distributed these publications widely, in particular to peacekeeping missions, and to Member States and training institutions worldwide. Furthermore, the United Nations tries to supplement any instruction that its military personnel might have received during national training by providing each soldier with a pocket-sized aide-mémoire. I have brought with me to the Council Chamber copies of some of this material for those who might be interested in seeing it. These materials are supplemented with other practical measures, such as ensuring the easy availability of prophylactics for people on missions.

To ensure that the material provided to peacekeepers is as easy to understand and accessible as possible, the Department is now in the process of producing a "pocket card" with basic facts on codes of conduct and HIV/AIDS awareness and prevention. We are now seeking funding so as to be able to translate and print this document in the languages of the personnel and soldiers who serve in United Nations peacekeeping operations.

Last month the Medical Support Unit of the Department of Peacekeeping Operations, working in partnership with the World Health Organization, prepared and distributed to all uniformed personnel and to all civilian personnel an HIV/AIDS awareness message to commemorate International HIV/AIDS Day. This message focused not only on the need for increasing all personnel's awareness of HIV/AIDS but also on the importance of not treating as outcasts those who, unfortunately, have been infected with the virus. Of course, the Unit intends to repeat this message in 2001.

United Nations civilian staff members of peacekeeping operations receive detailed briefing material on the topic of HIV/AIDS in the course of their predeployment orientation. Since many staff members join their new missions without visiting Headquarters here in New York beforehand, our services continue their policy of providing additional briefings and instruction at the field level in order to create an awareness among staff members of the risks of HIV/AIDS. In this setting, staff members receive, upon their arrival in the field, copies of brochures such as "AIDS and HIV Infection: Information for United Nations Employees and Their Families."

United Nations medical personnel in the field receive detailed guidelines on medical procedures for treating cases of sexually transmitted diseases, and, of course, all matters related to HIV/AIDS are an important part of this training. The medical staff is guided, in this regard, by the "Medical Support Manual for United Nations Peacekeeping Operations", in which chapters 5 and 6 focus significantly on HIV/AIDS and related issues.

How can we enhance our efforts? Indeed, we want to do more.

In addition to the various training activities that have been ongoing for some time, the Department of Peacekeeping Operations is also pursuing a number of new initiatives.

Furthermore, all budgets for new missions now include provisions for HIV/AIDS training and education programmes. The Department is currently seeking funding for improving our longstanding system, which we want to expand, for making prophylactics readily available and accessible in all missions. In future, we want to conduct this programme on a broader scale.

The Department's Medical Support Unit has submitted a number of suggestions for revising the contingent-owned equipment manual. In these proposals, we stress the responsibility of national contingents for in-mission HIV/AIDS awareness and training. These suggestions were included in the background material for the post-Phase V Working Group, which is deliberating this very week here in New York. In addition, the Department has suggested that all United Nations level II and III medical facilities must provide adequate facilities for testing and counselling, and also must provide post-exposure treatment for sexually abused women and for health professionals who might have been accidentally infected.

Even though the Department has been addressing problems related to HIV/AIDS for quite some time now, especially from a training perspective, I am convinced that the reactivation and further development of the Medical Support Unit has helped, and will help in future, to put in place an even more systematic approach to these difficult issues. In this respect, our efforts to fill all of the positions in the Medical Support Unit will continue to be accorded the highest priority.

The Department of Peacekeeping Operations is now a fully fledged partner, within the United Nations system, in the global fight against the HIV/AIDS epidemic, and regularly coordinates its efforts with our colleagues in the Joint United Nations Programme on HIV/AIDS and with Dr. Piot, who is here today. The Department actively participated in the expert strategy meeting held in Sweden a few weeks ago, at which we had the satisfaction of seeing that proposals for a systematic approach to dealing with the issue of HIV/AIDS had gained the full support of the experts at that meeting.

The chief of the Department's Medical Support Unit, who is here today, has been formally appointed as the Department's focal point for HIV/AIDS, and he participates in a policy group that includes representatives from UNAIDS and Department of Peacekeeping Operations personnel working with gender and humanitarian issues. The Department's Medical Support Unit and the Training and Evaluation Service are also working in close cooperation within the Department to improve HIV/AIDS-related training and training materials, with the strong support of UNAIDS. We are very grateful for that assistance from UNAIDS, which allows the document to take into account the most recent research on best ways of presenting these issues to the public.

The Medical Support Unit has also initiated a project to formulate a job description for an HIV/AIDS focal point in every mission from now on. Such a focal point would be an integrated part of mission headquarters' training units, and would dedicate his or her efforts to coordinating HIV/AIDS awareness and prevention before, during and after missions.

Lastly, I am very pleased today to join Dr. Piot in announcing that the Department of Peacekeeping Operations and UNAIDS this very morning signed a memorandum of understanding that further develops and institutionalizes the close cooperative relationship between our respective organizations. This memorandum of understanding reaffirms our will to increase HIV/AIDS awareness programmes in peacekeeping missions within the overall strategic framework and technical support provided by UNAIDS, to which I again pay tribute. It is essential for us.

How do we measure the impact of our efforts, and what more can we do to be even more effective? Member States of this Organization have now agreed that HIV/AIDS awareness is important for all peacekeepers. DPKO, together with UNAIDS and with its partners, is resolutely involved in the fight against AIDS, within the resources that we have been given. At the same time, we must continually ask ourselves if we are doing enough. I have already mentioned that much more needs to be done for us to accurately quantify the extent of the problem and thus quantify the impact of our efforts.

At the same time, this issue is not just about epidemiological research and medical data. Awareness-heightening initiatives must also be evaluated, qualitatively, in terms of what impact they have on the behaviour of our personnel in the field.

If even a small minority of personnel in the field continues to demonstrate unacceptable risk behaviour, then we have clearly failed to make them aware, and we must do more to make them aware.

Our awareness and training programmes must not stop at HIV/AIDS either. Some of the same behaviour that increases the chances of contracting or transmitting HIV, such as engaging in sexual contact with prostitutes, is unacceptable and can damage seriously the image of a peacekeeping operation within the community where it is deployed. Such behaviour offends the people we are sent to help. It can damage the credibility of a contingent or an entire operation. And such behaviour can overshadow the exemplary efforts of the great majority of United Nations personnel engaged in the pursuit of peace.

In this respect, it is not just about HIV/AIDS awareness. It is about awareness of the responsibility of all peacekeepers for the image they project in the countries where they are deployed and the image of the United Nations in general. It is not just about the practice of safe sex and responsible sex. It is about the practice of respect for human beings, a respect that is at the very basis of the work of the United Nations and at the basis of the values that the Organization and its Members uphold. This is what is at stake in our effort.

Peacekeepers must therefore constantly be made aware of their responsibilities and of the possible consequences of their actions and behaviour. This is why I wholeheartedly support the increased awareness that today's debate makes possible, because this goes right to the heart of an essential responsibility of our Organization. It is my intention to continue discussions with Member States, including within the Special Committee on Peacekeeping Operations, to raise the standards of behaviour and of discipline that we expect of all United Nations peacekeepers in the field, whether they be military, civilian, or police.

In general terms, we must continue to evaluate the effectiveness of all our programmes and activities, and revise and improve our materials, so that they can have the maximum impact.

We need to move quickly in order to fully staff DPKO to the limits authorized by the General Assembly, and during the comprehensive review that we will conduct of peacekeeping activities, we will also examine the necessary staffing levels related to the issues I have touched upon today.

We need to enhance the dialogue on this subject with those in the countries where we are deployed.

I have already written, and will be writing again, to all special representatives of the Secretary-General in the field on the issue of HIV/AIDS and peacekeeping, so that our personnel in the field continue to have the best guidance from us on this vital issue.

In closing, we cannot deny that HIV/AIDS is a problem of global and tragic proportions. Any step that can be taken to address any aspect of this problem is a step in the right direction. If the Department of Peacekeeping Operations can be a small part of the solution of this immense problem, rest assured that we will do everything within our power to contribute to the solution.

The President: I now give the floor to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Dr. Piot: Just one year has passed since the Security Council made history with its first debate on AIDS, and already I am appearing before the Council for the third time on this subject.

As someone who is immersed full-time in global AIDS politics and practice, I can tell the Council that its deliberations on AIDS have been enormously helpful. I do not think that can be overestimated. The simple fact that the world's ultimate tribunal on questions of peace and security devotes its attention to AIDS sends a very powerful message.

In acknowledging the significant difference the Security Council has made, I must also pay tribute to its leading advocate, Ambassador Richard Holbrooke. I can think of no better legacy to leave the world than to have ensured that the United Nations Security Council now regards the global fight against AIDS as part of its core business. Thank you for that.

The Security Council has helped transform the way in which AIDS is viewed. Only when we understand AIDS as a fundamental issue of human

security can we grasp the extent of destruction it has caused, how insidiously it has exacerbated conditions of poverty and vulnerability, and the long-term effects of its impact.

The global resolve to tackle AIDS has increased markedly in the six months since the Council's meeting held on 17 July. Many countries have revamped their AIDS plans, have made them more central to decision-making across government and have sought new resources and ways to direct them to the local community level. Many heads of State or Government at the Millennium Summit highlighted AIDS. Initiatives placing HIV in the mainstream of development took place at the G-8 meeting in Okinawa, in the European Commission and among many bilateral donors. Regional efforts have intensified as well, notably, in the Caribbean under the auspices of the Caribbean Community, with the commitment of the Association of South-East Asian Nations to a summit on HIV in South-East Asia and with a summit of the Organization of African Unity coming up in April in Nigeria.

Last month the Economic Commission for Africa hosted the African Development Forum for the second time. Its theme, "AIDS: The greatest leadership challenge", was given weight by the seven heads of State or Government who attended and their interaction with leaders of civil society, including people with HIV/AIDS and youth. Ms. Graça Machel articulated the sense of urgency at the meeting, saying,

> "any international support ... can only be additional to our own efforts and it will be our own efforts that bring us rewards in this struggle".

One recent important opportunity has been new debt relief agreements, which have liberated resources and helped integrate AIDS into national planning. They have already resulted in some of the poorest countries in Africa allocating $20 million more for AIDS in 2001 out of their own budgets, thanks to debt relief.

However, much, if not most, of the global agenda on AIDS is unfinished, including the continuing inequities in access to effective care and treatments and even to life-saving materials, such as condoms. Last year saw increasing acceptance by Governments and industry of the moral legitimacy of equity pricing. This is the idea that poorer countries should be able to buy essential drugs at lower prices than wealthy countries. But creating mechanisms to implement equitable access has been painfully and unacceptably slow. Let us not forget that the progress on comprehensive HIV care will have to advance on multiple fronts simultaneously.

Meanwhile, as members have heard, the HIV epidemic advances. In the report we released for World AIDS Day last month we estimated that there were 5.3 million new HIV infections around the globe last year. Over 3 million people died as a result of AIDS — more annual deaths than ever. This global situation is the context within which the UNAIDS secretariat and co-sponsors have been addressing Security Council resolution 1308 (2000).

In January, a year ago, I made four key commitments to the Security Council. The first was to intensify the International Partnership against AIDS in Africa. This we have done, and its Framework for Action, with specific milestones, has been widely endorsed, including by the Organization of African Unity summit in Lomé last July. Over the past 12 months much of the work of the UNAIDS secretariat and co-sponsors in Africa has focused on the development of this Partnership. This work culminated in its formal launch by Secretary-General Annan in Addis Ababa at the African Development Forum, where he declared,

> "that from now on across all of Africa it will be the focus for a new spirit of cooperation in building the response to AIDS."

The second commitment I made a year ago was to have regular follow-up with the Security Council. Here we are today. This we have done at Security Council meetings and in our regular reports focusing on AIDS in relation to peacekeeping and humanitarian efforts.

The third commitment I made was to intensify information flow on international responses to the epidemic. This we have done with updated epidemiological and response information from the Mapping the AIDS Pandemic project, with information management networks for West Africa, in South and South-East Asia and in Latin America. At last month's African Development Forum we released a UNAIDS country-by-country report that documents both the impact of AIDS on Africa country-by-country and the strengthening of national responses. We are now expanding this work to other parts of the world.

Fourthly, I undertook to make specific plans to address HIV/AIDS in emergencies and the uniformed services. The UNAIDS Humanitarian Coordination Unit, established in June 2000, has, with the significant involvement of our co-sponsors, made country assessment missions to Ethiopia and Eritrea, East Timor and Burundi. A mission to Sierra Leone will take place very shortly. The missions are to assess locally specific risk factors for HIV, prepare AIDS prevention strategies and train trainers in prevention and behaviour change so that peacekeepers can become agents of change and HIV prevention.

In July the United Nations Development Programme (UNDP) Administrator Mark Malloch Brown and I wrote to United Nations Resident Coordinators in particular countries affected by conflict to ensure that AIDS, as a humanitarian and security issue, was at the top of the agenda of the United Nations system in these countries.

Jean-Marie Guéhenno mentioned earlier that a strategy meeting to examine AIDS as a security issue was held in Stockholm in December, involving Governments, military representatives, the United Nations system and representatives of non-governmental organizations. The report and recommendations arising from the meeting are currently being circulated among the meeting's participants and will soon be finished.

We have been working with the Department of Peacekeeping Operations, alongside our co-sponsors — in particular UNDP, the United Nations Children's Fund, the World Health Organization and the United Nations Population Fund — to focus on the elevated risk of HIV in conflict and humanitarian situations. HIV has an impact on refugees, United Nations and non-governmental organization personnel and host communities. So HIV prevention and care must be core concerns because of the interaction of these populations, and therefore preventing the spread of HIV and ensuring the availability of adequate care is equally important to them all.

As members just heard, earlier today I joined Jean-Marie Guéhenno to sign a cooperation framework agreement between UNAIDS and the Department of Peacekeeping Operations. Under this framework, we commit to improving the capacity of peacekeepers to become advocates of and actors for the awareness and prevention of HIV transmission.

The agreement will support our ongoing work in, first, training; secondly, in the development of codes of conduct; thirdly, in voluntary and confidential counselling and testing; fourthly, in civil-military cooperation; fifthly, in the care and treatment of affected personnel; sixth, in guaranteeing an uninterrupted supply of male and female condoms; and lastly, in disseminating best practices. At the field level, together with representatives of local populations and non-governmental organizations, we will cooperate to promote sustainable measures to prevent HIV transmission.

It is incumbent on the United Nations to set the highest possible standards for the conduct of the troops deployed under its flag. Every effort must be made to ensure that peacekeepers conduct themselves according to appropriate codes of conduct and have the best possible means to protect themselves and the populations with whom they are in contact.

The role of HIV testing in peacekeeping operations is a complex issue, and nothing raises the emotional temperature of these debates more quickly. But for that reason I have decided to establish, in conjunction with Under-Secretary-General Guéhenno, a senior expert panel to analyse and formulate a comprehensive position on the issue of HIV testing for peacekeepers and humanitarian personnel.

The global response to AIDS gathered momentum last year. It must build even further this year. I am greatly heartened by the Council's close attention to AIDS.

When the General Assembly holds its special session on AIDS in June, all Member States will have the chance to pledge their commitment to the fight. That session is an opportunity for more than fine words — it needs to produce tangible outcomes.

So the commitments of 2001 need to be real: real money deposited in real bank accounts to cover the real, more than $3 billion shortfall just to meet Africa's most urgent needs for prevention and basic care; real reductions in drug prices for poor countries; real leadership to tackle the stigma and galvanize national action against AIDS; real participation of people with HIV in decision-making. Only when these commitments become a reality can we hope to respond adequately to the reality of the epidemic.

The President: The next speaker on my list is the representative of the United States, but before I give the floor to Ambassador Holbrooke, let me first express a sentiment that I am sure is shared by all those in this Chamber.

We are all aware that this will be the last appearance of Ambassador Holbrooke in his capacity as Pe.manent Representative of the United States to the United Nations. I believe it is fitting that his last meeting with us be for a discussion of HIV/AIDS, a matter on which Ambassador Holbrooke has made a sterling contribution to raising international concerns on this matter. This is only one of his many contributions to the United Nations community. I am sure I speak on behalf of everyone in this room when I say that he will be missed in the United Nations when he leaves. His stint in the United Nations caps a long and distinguished history in the field of diplomacy, including the historic achievement of peace in the Balkans.

Ambassador Holbrooke is an old friend of Singapore and of the South-East Asia region. My Government will not forget his valuable contribution to enhancing stability in South-East Asia at a critical juncture of our history, when he was Assistant Secretary for Asia and the Pacific in the Carter Administration. We are glad that he kept in touch with us during these years, and we hope that he will continue to do so when he moves to a new career.

Those who know you, Ambassador Holbrooke, have no doubt that you will continue to play a very important role in political and public affairs in the United States of America. We wish you all the best, and we have no doubt that you will do well in your new career.

I would like to call on the members of the Council to join me in a round of applause before I give the floor to Ambassador Holbrooke.

Mr. Holbrooke (United States of America): I am deeply moved by your remarks, Mr. President, and I thank you not only for the remarks, but for adjusting your schedule so that you could remain here to preside over this important meeting. You spoke accurately about my respect and affection for Singapore, a country I first visited in 1966, shortly after it became independent. It is a country for which I have the greatest of respect, and which is represented so ably by my old friend Ambassador Kishore Mahbubani, whom I have known for more than 25 years. I am deeply honoured that you are presiding here today, and that we are also joined by the Minister of International Development of Norway and by my other friends here.

I am also very deeply honoured by the presence in the Chamber of so many friends, my own family, students from Columbia and Barnard and friends of mine from private life, as well as so many prominent members of the HIV/AIDS community. These include Mercy Makhalamele, who, many of you will remember was the heroic figure in Ed Bradley's great one-hour special on AIDS that came out last year; Dr. Mathilde Krim of the American Foundation for AIDS research; Joshua Lederberg, the great Nobel Prize winner in medicine; my great friend Senator Tim Wirth, who is now the President of the United Nations Foundation, who is seated behind me in that tie that he and I and Ted Turner and others wear; and so many other friends of ours.

It is very fitting that the last Security Council meeting I will participate in as United States Ambassador addresses this issue, because I think it marks one of the great steps forward for the United Nations in the last year. I am very pleased that we have just heard two important addresses, by Under Secretary-General Guéhenno and Dr. Piot, and I am also very grateful that, in the absence of our great Secretary-General, the Deputy Secretary-General, Louise Fréchette, is with us today.

This is our third open meeting on HIV/AIDS in the last year. A little over a year ago, 10 January 2000 to be precise, Vice-President Gore opened the first such meeting and the first meeting of the new millennium, and the first meeting ever on a health issue. More than 4,000 meetings had preceded it. I am so pleased that this Council has participated in broadening the definition of security. I know it was not always easy to do, and I remember the controversy surrounding that initial meeting. My friend to my right, Sir Jeremy Greenstock, passed me a hand-written note in the middle of the meeting, saying, with characteristic British understatement, "I dare say this is the first time the word "condoms" has been used in the Security Council." Now we just throw that word around.

We debated at first whether we ought to be debating the issue at all, whether it was a security threat, or whether the Security Council, the highest international body legitimizing international

involvement across borders should even address the issue at all. I know that many countries in the room, going back to the historic roots of the United Nations, had doubts about it. But I think we should all look back on the last year, and, bearing in mind the important statements made by the two previous speakers, say, "It was worth it."

And why was it worth it? For the simplest of reasons. It appears now that if the Security Council continues its work, and the cooperation we heard about earlier today — cooperation that not only did not exist, but was not even contemplated until recently — continues, the Council will actually do what it is supposed to do: save lives.

But I am not deluding myself. This is a tough issue. I know there are some Governments, including many that are not on the Security Council, that think this issue ought to be left entirely to the Economic and Social Council. I understand that point, and I am deeply, deeply honoured that so many non-Security Council members are here in the audience today. These are my dear friends among the diplomatic corps, and I will say a personal word to them at the end of my comments on AIDS. I am pleased that they are here to register their concern.

I particularly want to address, as I did yesterday in the Kosovo debate, the issue of the troop-contributing countries. I believe in transparency of deliberations, and I believe in the maximum involvement in the Security Council deliberations, within the current rules of the Security Council, of countries other than its 15 members. We also have recommended a revision of the Security Council structure. I hope that going forward, the Security Council will grow to be more representative. It is a difficult issue, but meanwhile, until this is done — and it is going to be a tough issue — I am just delighted that so many of our colleagues are here today to learn, to exchange views and to give us more input.

As I leave here — having worked with Council members day and night on the crises in the Middle East, Kosovo, Bosnia, East Timor, Sierra Leone, Congo, Ethiopia/Eritrea, Iraq — it is clear that, as horrible as these conflicts are, and as pressing as the need is to resolve them, the issue that is common to every one of them is the issue we are here to discuss today. I have elsewhere called it the most important and biggest problem in the world today, and I am often questioned about that. But I say that because all the other issues are specific problems — they can be solved; they will be solved — but if we do not address AIDS, it will go on and on. Because of the long incubation period of the disease, because of the stigma attached to it and because of the way it is spread, it will kill more people and undermine more societies than even the worst conflicts that we deal with here. I thank all my colleagues on the Security Council for opening up this issue to Security Council debate, and I urge them to continue.

I first came into direct contact with this issue — that of the connection between peacekeepers and AIDS — when I was in Cambodia in 1992. My son, who is sitting behind Ambassador Cunningham, has handed me a note which I will read out in part to the Council because he wants to take credit for this meeting. It says,

> "Dad, remember our trip to Cambodia, when I first brought this very important problem — United Nations peacekeepers spreading AIDS — to your attention".

So I thank my son for convening this meeting. In point of fact, we did see in 1992 the issue that we are here to discuss. At that time, I wrote Under-Secretary-General Yasushi Akashi a letter saying that it would be the cruelest of ironies if people who had come to Cambodia to end the war were spreading an even more deadly disease. Finally, eight years later, we are starting to do something about it.

I cannot say we are winning this war, but I have heard some positive things this morning. I want to acknowledge those because, as the Under-Secretary-General knows, I am going to make some critical comments in a moment. I hope that we all listen to the very important statements concerning the joint memorandum, the conferences that you are going to hold and the line-item in the peacekeeping budget. I stress that the latter should not be a voluntary fund issue but, rather, a regular part of the budget. I think that the idea of a pocket card for peacekeepers is a very good one. I think that a focal point at the headquarters of the Department of Peacekeeping Operations (DPKO) is essential. And I am very gratified by the signs of cooperation.

I would point out to our guests that when we met in closed session on this same issue only a month ago no one from the Joint United Nations Programme on

HIV/AIDS (UNAIDS) was present. I complained very strongly about the absence of UNAIDS at that meeting and at the fact that the meeting was closed. I thought that the world and other member nations and ambassadors should have been here. Every other ambassador in this room supported that call, which is why we are meeting publicly today. It was only a month ago that we were unable to hold this meeting in public. Transparency is the only way to deal with this disease because of its unique nature and the way in which it is spread.

I would also like to draw members' attention to the fact that Secretary of State-designate Colin Powell, who will assume office tomorrow, addressed this issue in very strong terms at his confirmation hearing the day before yesterday. I would also like to draw the Council's attention to a related subject, namely, the fact that he endorsed very strongly the reform effort of the United Nations and pledged himself to continue that effort, as well as to improve United States support for the United Nations financially.

Let me turn now to resolution 1308 (2000), which is the resolution we are here to discuss today. I hope that the number 1308 will become as famous to followers of the United Nations and to people who care about this issue as other famous numbers in United Nations Security Council history, like 242 — probably the most famous of all Council resolutions — on the Middle East, 1967; or 338, on the Middle East; or 1244, on Kosovo, or 1284, on Iraq. Resolution 1308 (2000) should be as well known as those resolutions, and it should be fully implemented. It should not be the end of the process, but only a cornerstone for future efforts.

I was encouraged by your remarks, Dr. Piot and Under-Secretary-General Guéhenno, because you both recognize the deadly nature of this disease. As I said a moment ago, it is the cruelest of all United Nations ironies that every time we vote to establish a peacekeeping mission, we are unintentionally helping to spread a killer disease. That is not necessary. But this is a complicated issue. Under the present structure of the United Nations, of course, every country contributing troops sets its own standards for testing and treatment. Some countries like my own and others, which I congratulate, will not send a soldier overseas unless he or she has been tested. If they test positive they are not sent overseas; they are given treatment. But other countries that do not have our resources do not carry out such testing, either because they consider it to be socially or culturally unacceptable, or because of its costs, or because — and I must be honest here — the incident rate of infection is so high that they do not want to reveal that they will not be able to field a peacekeeping force.

Of course, all of us who have travelled in Africa, or other parts of the world where this disease is raging — as my wife Kati and I did last year — have seen the stigma attached to being found HIV-positive. I want to say to my friends in countries that have been hard-hit that this is not an attempt to say that the United States knows better than other countries. All the Americans in the Chamber can remember very well when the stigma in this country was as great as it is today in other countries. Even with the benefits of instantaneous communication and a sense that we are enlightened — and I say "sense" because I think that we were not enlightened in the United States on this issue — I can remember very clearly, and I am sure every American in the Chamber can remember too, when people were afraid that a handshake could transmit AIDS. That was the level of ignorance in the United States. Therefore, when we talk about stigma and de-stigmatization, I want to stress that there is nothing here that should be read as implying any kind of cultural superiority. The United States has confronted this problem belatedly and inadequately, and we still have trouble with it.

Of course, we are here to discuss peacekeeping. But it cannot be underlined too much that this is the smallest fraction of the world-wide problem. When we talk about this I hope that we are also talking about the larger issue.

The compromise that was worked out under resolution 1308 (2000) was that the United Nations Department of Peacekeeping Operations was going to do a hands-on, aggressive job of education. I laud your efforts and I laud the new agreement, but here I must be frank. I must say some words that will not be entirely enjoyable to the people in DPKO. I say this with great reluctance because, as all of you know, in the 17 months that I have been Ambassador the United States Mission has worked endlessly to strengthen DPKO — it has been our strongest single theme — and because I have the highest personal respect for Jean-Marie Guéhenno and his team; because I fully support the Brahimi report and Deputy Secretary-General Fréchette's implementation plan — which I hope will

be completed this year — and because no one needs more people than DPKO, which has barely 400 people do deal with crises throughout the world and which is understaffed for such pressing problems as the Congo, Sierra Leone, East Timor, Lebanon and Kosovo. To add this burden in the midst of all that is genuinely difficult, I know the Department is under-staffed and that the loss of gratis personnel has made it more difficult. Getting resources to DPKO has been a crusade of mine. I do not like to end my tenure here with anything less than very generous praise of an organization that I admire and which has been under intense pressure.

Quite frankly, despite what we have heard today, I am still not satisfied. The mandate of DPKO under resolution 1308 (2000) is clear, and I wish to read it. It calls for

> "further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues". (*para. 3*)

Until today, I was prepared to say that nothing had been done to implement resolution 1308 (2000). But on the basis of what has been said by the two previous speakers, I am ready to say that a start has been made. But it has been six months since the resolution was passed. Up until today, the answer was a resounding "no".

I must share with the Council one example. My friend Jean-Marie Guéhenno cited it, and therefore I will cite it too — these two books which he says have been given out to people. I have read them very carefully, and I urge all of you to read them and ask yourselves whether or not these books are conceivably usable for United Nations peacekeepers.

First of all, they were written five years ago. Neither of them mentions resolution 1308 (2000). Secondly, one would need a magnifying glass to find out what AIDS does to a person. On page 10, in very small print, it mentions — and this is the only mention — that all people who are HIV positive eventually die. Well, thank you. Why is that not on the cover? And these books are very sexually explicit. I do not want to talk here about any euphemisms. The books are very clear on how AIDS is transmitted, but they are not user-friendly to the average soldier in the field unless he has an advanced degree from a college or institution of higher learning. They are technical, wordy, not clear-cut and out of date. I also do not believe that the book on policy guidelines for United Nations military planners is conceivably usable. And, again, they are five years old, reissued and edited slightly, but they do not even mention resolution 1308 (2000). Therefore, the United Nations peacekeeping commanders do not know, at least not from these books, that this is a mandated responsibility of the Security Council.

Now, I am being blunt about this because lives are at stake. I know these books can be rewritten, that they can be made clearer and that they can be made more useful to troops in the field at lower levels.

A second point: the Under-Secretary-General referred to tasking the Medical Support Unit of DPKO, whose chief is seated behind Jean-Marie Guéhenno now. I commend him for doing this, but it is my understanding that the Medical Support Unit is responsible for all medical issues. It is also my understanding that of five available slots — an inadequate number — only two are filled, and that therefore there are three empty slots out of five in that office. I think that we need to ask DPKO not only to fill the empty slots, but to create an office dedicated specifically to this issued, in furtherance of the mandate given to it by the Security Council.

Again, I say this not in a hostile sense, but in a hortatory sense, like a coach at halftime saying, "We are making some progress; let's do more".

We spend billions of dollars on peacekeeping at the United Nations. We spend millions to protect our peacekeepers from terrorist attacks and from hostile forces. But I do not think we are spending even $500,000 yet to protect them from HIV/AIDS. I do not know the exact figure because we were unable to obtain it, but it is very small.

Let me make some very brief suggestions. First, as regards personnel, I have already said that I hope that the Department will staff itself fully and will set up a separate unit. Secondly, the most difficult issue of all — testing. What I have heard from Dr. Piot this morning is very encouraging. No issue is more difficult for the Member States of the United Nations and, in particular, for the troop-contributing countries — countries that are doing something of indispensable

importance to the United Nations. I commend the troop-contributing countries. I recognize that the costs of testing are real, and that the cost of treatment, which should be available to all those tested, is prohibitively expensive in the current situation.

We would suggest that DPKO add the costs of pre- and post-deployment HIV testing into the cost of its operations so that the costs are not picked up separately by the troop-contributing countries. It should be a standard line item in the peacekeeping budget. It will increase the budget, but it is so important that I cannot imagine that it would not be appropriate to do so.

I understand that testing technologies are on their way to the market that are 99.9 per cent accurate and will cost less than three dollars.

The challenge of peacekeepers as vectors of HIV is not largely, or even primarily, the burden of DPKO, but the Department should become more engaged. Prevention, testing, identification, treatment and education — all are squarely on the shoulders of the nations that contribute troops to the peacekeeping operations.

Resolution 1308 (2000) calls on the troop contributors to create effective strategies for HIV/AIDS education, prevention, voluntary and confidential testing, counselling and treatment of personnel.

The Defense Department of the United States was last year — the current fiscal year — given $10 million additionally by Congress for the first time to assist other nations with this task. Ten million dollars is not a lot, but in this particular field it can be very helpful. So now, for the first time, the United States Department of Defense has joined in the effort to assist the militaries of other nations. I am very pleased about that. I worked directly with Secretary of Defense Cohen and the Congress to get that $10 million, and I hope it will be part of the next budget in the new Administration.

I want to close the section on AIDS simply by reiterating what I said at the beginning. I am honoured that I have been part of this effort. I am deeply touched by the words of Dr. Piot and of the Foreign Minister of Singapore. I am honoured by the plaque awarded me this morning, and I hope that the special session of the General Assembly on AIDS, from 25-27 June, will be a success and will work not only on the peacekeeping part of this issue, but on the global issue.

My comments and criticism should be read, and all of you who have worked with me over the last 17 months know this, not as hostile, but as an attempt to encourage you to do more.

I think it is fitting that I end this section of my remarks by quoting Kofi Annan, my great friend and, in my view, the finest Secretary-General in the history of the United Nations. I should say parenthetically that it was Kofi Annan who first suggested that I spend time on this issue in this job. Our Secretary-General said

> "We know that we came too late to this tragedy. I know that as Secretary-General of the United Nations the response has been painfully slow in the great multilateral community. But finally we are galvanized. We must make people everywhere understand that it is not over. It is not about a few foreign countries far away. It is a threat to an entire generation; a threat to an entire civilization."

Let me now close with some personal remarks about the United Nations, about the Security Council and about my 17 months in this job.

First, let me begin by thanking all my colleagues on the Security Council, my friends in the international Secretariat and my fellow diplomats. The international civil servants of the Secretariat who work so hard for Kofi Annan and Louise Fréchette have also borne the brunt of the pressure and occasional criticism from me, including this morning. That is my job. My job was to encourage you to do better. But I am always aware of the fact that many of you are overworked and understaffed, particularly in the Department of Peacekeeping Operations, and I admire and appreciate your good work. This is particularly true of the refugee workers and peacekeepers, the staff of UNAIDS, and the World Food Programme and all the specialized agencies that we have seen in such awfully difficult places as Kupang, in West Timor, and Atambua, where three brave members of the Office of the United Nations High Commissioner for Refugees were slaughtered last year, one of them an American; it is true of the brave people who live in places like Luanda, under intolerable conditions, that they do not need to work in; but are there because they care; and of the people who have worked for the United Nations all

over the world. That is what we are here to support, and there is no nobler cause.

Secondly, I want to address my friends in the red seats — in the diplomatic corps. I have said before publicly — and I say again today — that in 38 years in and out of the Government, this is the best diplomatic corps, from a professional point of view, that I have ever worked with. There are more world-class diplomats — professionals in the best sense of the word — around this table, in this group — although some are not here today — than I could possibly name. The quality of the diplomats is extraordinary, and their commitment to what we are doing is extraordinary.

I understand fully why we differed many times on issues. People keep saying to me, "What's wrong with the United Nations?"; and I say, "What United Nations do you mean? The United Nations has 189 Members, and each ambassador is representing his or her country's national interests." The "collective will of mankind" is a nice phrase, but it is meaningless when we are up against the complexities of the problems that we have dealt with here.

All have represented their countries with great skill. In many ways I most admire some of the ambassadors with whom I have had the most serious confrontations, for the skill and generosity with which we fought a battle, won or lost it, and moved on to the next battle as friends and colleagues. There is not a member of the Security Council that has not differed with the United States on some major issue in the past 17 months. In fact, within the past 24 hours we discussed an issue on which the United States was completely isolated; my friends to my left and right, from Bangladesh and the United Kingdom, were hammering us and, because we are very reasonable people, we gave up.

We all differ; that is what we are here for. Openness in the United Nations, and more transparency and flexibility, in which we put outcome ahead of process is important. My greatest criticism of this institution, really, is about the dominance of process over outcome. The United Nations has its own language, as we all know. "Permanent" means "temporary", as in my job. "Temporary" means "permanent", as in Israel's membership in the Group of Western and other States. When anyone says to me that it is a question of principle, I always know that it is a question of process. That is the way the United Nations works. But put outcome over process, and we will accomplish even more. That is what we did here today. There was a procedure that did not allow for a health issue in the Security Council; we broke through, and now we are having a productive discussion which will save lives. We can do that on very many other issues.

So I want to thank the diplomatic corps; they are an exceptional group of people. I cherish their friendship, as does my wife, Kati. By the way, we want to make a public service announcement: we lived in New York before this job; we are going to stay in New York. We are New Yorkers, and we hope to see all of you and continue our friendship.

I also want to say to the Secretary-General — and I hope that the Deputy Secretary-General will convey this to him — that it has been my greatest honour and privilege not only to call Kofi Annan a friend, but to work under his leadership and under that of the Deputy Secretary-General and her colleagues. Without question, he is the finest Secretary-General in this Organization's history. I am sure that I speak for almost everyone else — I hope, everyone else in this Chamber — and the whole United Nations community when I ask her to thank him on my behalf for his tireless efforts on behalf of the world's needy, hungry and forgotten.

Representing anyone's nation in the United Nations is an awesome responsibility and one that must not be taken lightly. What we do matters; what we do not do — what we fail to do — can also matter. Day in and day out we are confronted with questions that challenge our collective conscience — questions of war and peace, life and death. We are confronted daily with issues as stark and grave as they are unimaginable: ethnic cleansing, war crimes, genocide — dire issues that demand not only our attention but our answers. We have confronted these regularly while I have been here, in East Timor, Kosovo, Sierra Leone, the Horn of Africa, the Congo, the Middle East and elsewhere. The Council will continue to address these issues after I leave. We have addressed these issues, and also added HIV/AIDS to the agenda, as well as international terrorism. The record is not perfect and, more importantly, the record is not complete. But I think that progress has been made. Again, being an ambassador in the Security Council is not only an honour, it is a responsibility, and, occasionally a burden. But I am delighted to have shared it with all members, and their distinguished predecessors, and to have participated in

discussions in this historic Chamber where history has been written for over half a century.

In the course of the events that we dealt with, people may have occasionally been annoyed, or perhaps even offended, by my persistence on issues. But I know that they understand that, in the words of the movie *The Godfather*, it was never personal. We pushed because we believed in our issues. We compromised when we could not win. We formed coalitions which were quite unusual at times. We respect the Organization and the sovereignty of every nation here. I am touched by their friendship. But we must remember that we are not here on behalf of ourselves, or even entirely on behalf of the Governments that give us instructions. We are here to fulfil, or try to fulfil, the hopes and dreams of billions of people who look to the United Nations, as I did when I was a child, as a beacon of hope. That belief remains.

I asked my mother to come here today because she brought me to this building over 50 years ago, when it was being built, and when it was a great hope for the world's population. I hope that she feels that, while it may not have lived up to all of her and my father's dreams, it has done a good job. I think the United Nations is stronger today than it was two years ago. I think that, most importantly, the United States support for the United Nations is much stronger, as those who were generous enough to come to Washington with me 10 days ago for the hearings before the Senate Foreign Relations Committee saw. I think that the future looks brighter for the United Nations if you persevere.

So I thank you. Your work — our work — is not finished. I leave with great hope and encouragement that you will keep it going.

Ms. Sydnes (Norway): It is a pleasure to see you, Mr. Foreign Minister, presiding over this important meeting. I would also like to join in the tribute to Ambassador Holbrooke. Norway greatly appreciates the dedication of Ambassador Holbrooke on the HIV/AIDS issue and other crucial issues. His eloquent farewell speech in this Council is a testimony to his important efforts as Ambassador to the United Nations. Of course, I wish him all the best in his future career.

AIDS is a global problem, but Africa has been hit the hardest. One year ago, AIDS was featured on the agenda of the Security Council for the first time. That represented a crucial recognition of the importance of the HIV/AIDS epidemic for peace and security, in particular in Africa. Refocusing on this issue today, we demonstrate our common commitment to address AIDS as a common security issue — a threat against humanity. As Minister of International Development, I am particularly pleased to address the Security Council on this important issue. In doing so, I commend Ambassador Holbrooke for his vision and leadership.

At the African Development Forum in Addis Ababa in December, African political leaders recommended that the HIV/AIDS pandemic be met with the same vigour and the same mobilization of human and financial resources as is the case when there is a military threat to peace and stability. We echo this urgency and applaud this commitment.

In Africa, the AIDS pandemic is more devastating than war. AIDS kills 10 times more people than conflict. In a growing number of countries, AIDS is truly a matter of national security. Through its erosion of human capital, AIDS has a serious destabilizing impact. Just imagine what a high percentage of orphaned children does to the long-term stability of a society.

AIDS destroys the social fabric of society. Social turmoil is fertile ground for conflict. Conflict breeds civil strife and war, and armed conflicts in turn accelerate the spread of AIDS. War and AIDS — together they threaten to undo decades of economic and social progress in many developing countries. We must break this vicious circle.

I would like to thank Peter Piot and Jean-Marie Guehenno for their excellent reports on the action taken on this issue by the United Nations system over the past year, in particular with regard to follow-up of Security Council resolution 1308 (2000). Norway welcomes the cooperation framework agreement signed this morning between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations on HIV/AIDS prevention and care in peacekeeping operations. Developing the capacity of peacekeepers to become advocates and actors for the awareness and prevention of HIV transmission is an important task.

We need a comprehensive strategy on how to address responsible sexual behaviour and HIV/AIDS in peacekeeping operations. Personnel should adhere to

the code of conduct for peacekeepers, but other strong preventive measures are also required.

Testing is no panacea. Still, testing can help reduce the risk of HIV transmission. We recommend that all United Nations peacekeeping personnel be offered voluntary and confidential counseling and testing, both pre- and post-deployment. This is already established practice in Norway. The counseling must be detailed, frank and adapted to local circumstances and sensitivities.

Every peacekeeping operation should have a focal point for HIV/AIDS. Resident coordinators must ensure that United Nations dispensary staff receive regular training on all aspects of HIV/AIDS prevention, overseen by designated staff members. Male and female condoms should be freely available on all United Nations premises.

The arrival of peacekeeping troops and staff may also increase the danger of sexual exploitation and sex trade. Young girls, with limited means of protecting themselves against sexual abuse and sexually transmitted diseases, are particularly vulnerable. Peacekeeping operations should contribute to the protection of the civilian population against conflict-driven human rights abuses, including sexual violence.

The point is general and should be stressed. We must focus not only on the risks associated with peacekeeping operations, but also on the positive potential of the peacekeepers. Provided they receive appropriate training, peacekeeping personnel can become important agents for change in local communities.

HIV infection rates among military personnel are often much higher than among the civilian population. This must also be kept in mind in post-conflict situations, when soldiers return to their communities. If not, we risk seeing a further acceleration in the spread of HIV/AIDS.

The World Bank-supported demobilization programmes under way in Ethiopia and Eritrea must give high priority to measures to reduce this risk. Soldiers now being demobilized must, in a sense, be remobilized for a different battle — the battle against HIV/AIDS.

Through a number of initiatives taken to ensure United Nations system-wide follow-up of resolution 1308 (2000), UNAIDS has demonstrated vigour and leadership. UNAIDS has been charged with drawing up a comprehensive plan of action on how to address HIV/AIDS in conflict situations. Norway has decided to grant 10 million Norwegian kroner — approximately $1.2 million — in support of UNAIDS' activities in this field, on top of our regular contribution to UNAIDS. The grant is part of an overall doubling of the resources we have earmarked for multilateral HIV/AIDS activities within our budget for 2001 — from approximately $7.5 million to $15 million.

We fully realize that money is not enough. We also need strong leadership and commitment. We must find new and more effective ways to work together. We must empower women and girls to make them less vulnerable. We must involve men more actively to turn the tide of the epidemic. We must promote individual responsibility, and we must build broad alliances. The Security Council — as in other matters of collective security — should help guide the way.

The battle against AIDS is part of the battle against poverty. It is a battle for education, for information, for health systems development. It is a battle for prevention, for care, for access to affordable drugs, for vaccine development. The battle must be joined on every front if we are to succeed.

A few months back, I met with Organization of African Unity (OAU) Secretary General Salim A. Salim in Addis Ababa. He described the fight against AIDS in three words: "This is war". I could not agree more.

Mr. Chowdhury (Bangladesh): Just over a year ago, last January, during the United States presidency of the Security Council, the issue of HIV/AIDS was first introduced into the Council's agenda. Ambassador Holbrooke pioneered a significant and far-reaching initiative in establishing the need for discussing, in this forum, non-traditional threats to international peace and security. We are aware of the difficulties he faced initially in breaking this new ground, but his persistence and effective reasoning prevailed. During our subsequent deliberations, we realized how useful the Council debate and the action thereafter were for the international community as a whole. It is therefore fitting — as you have said, Mr. President — that we are discussing the issue of HIV/AIDS in the Council, with the participation of Ambassador Holbrooke, on his last day in office.

In Council resolution 1308 (2000), we stressed that HIV/AIDS, if unchecked, may pose a risk to stability and security. As the ramifications of HIV/AIDS extend into the very fabric of society, its long-term social and economic impact is grim. Due to its global reach, the implications for peace and security are ominous.

Africa is the most affected, but no one region or country is immune. AIDS has the potential to spread like wildfire, particularly in the developing parts of the world, if we fail to contain it in a holistic manner. HIV causes AIDS, but it is social factors, such as poverty, that are a major force behind its spread. Patterns of behaviour — fed by ignorance, misinformation and social stigmatization — have led to a disease so widespread that it has left millions of breadwinners dead and their children orphaned. It threatens to destroy the economies of highly affected countries and to wipe out a generation of young people. The developing countries are already home to 90 per cent of its victims.

We have had the opportunity to discuss the seriousness of the threat at our meetings last January and July. The special relationship between poverty and AIDS came out quite strongly. The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, is present here today, for a third, very useful interaction with the Council. Before I quote his words, I would like to convey to him our appreciation for the important statement he made today. Now I quote him. "AIDS creates poverty, AIDS deepens poverty, and AIDS makes poverty harder to escape from." AIDS and poverty work together in a destabilizing, destructive alliance.

The challenge may be staggering, but humanity has not remained silent with inaction. The fight against HIV/AIDS may be difficult and prolonged, but we have not given up. Scores of leaders in the Millennium Summit referred to the terrible death and destruction that AIDS had been bringing to people, and pledged to act firmly. The scourge may be spreading, but there are examples of success where an explosive epidemic was reined in. This is encouraging.

A new report jointly issued by six United Nations agencies last December emphasises that "AIDS epidemics are not inevitable." An estimated 3 million people have died in the year 2000, but the report argues against accepting the inevitability of a worsening of the AIDS scenario. Success stories from 20 different countries, encompassing a wide variety of economic, social and geographic backgrounds, show how effective strategies can considerably reduce HIV infection rates.

We believe that a number of elements must be pursued with earnestness to spread this success around the globe.

First, the ongoing global efforts need strengthening. The special session of the General Assembly on HIV/AIDS this June is expected to forge a new global partnership in our fight against HIV/AIDS.

Second, our approach needs to be holistic and multisectoral. AIDS is not only a health problem; its impact crosses all levels of society. Combined response involving all aspects of social, educational, welfare and economic planning is needed.

Third, new and sustained partnerships of the key stakeholders must be built. These include the public and the private sector and the communities. Fourth, the scientific community should receive full support to speed up its work to develop effective vaccines. Fifth, effective treatment should be made available to people at costs that affected societies can afford.

Finally, and most importantly, adequate resources must be made available to fight the epidemic, to develop preventive measures and to mitigate the harm already done.

We will have an opportunity to build a formidable alliance against the epidemic through our collective commitment and action in the upcoming special session of the General Assembly. Our meeting in the Council today will undoubtedly give the world a strong signal of support and show our determination in standing together against a common enemy of humanity.

In each peacekeeping resolution adopted by the Council, there is now a reference to the need to train peacekeepers in HIV/AIDS. Bangladesh, as a major troop-contributing country, has initiated practical education and awareness-raising in the training of our peacekeeping troops. In this context, Bangladesh also recognizes the wide-ranging measures taken by the United Nations Secretariat, the Department of Peacekeeping Operations (DPKO) in particular, to effectively implement the Council's decisions. We very

much appreciate the statement made by Under-Secretary-General Guéhenno at the beginning of our meeting.

In conclusion, I pay tribute to Ambassador Richard Holbrooke, whose vision and persistence has re-energized the United Nations in its fight against one of the gravest threats that humankind faces today. The momentum he has build up in our combat against HIV/AIDS will be remembered as one of his lasting legacies during the period we have found him as our colleague and friend at the United Nations.

Today is the final day for Ambassador Holbrooke in his office as the United States representative to the United Nations. I would like to applaud him, as the representative of Bangladesh to the United Nations as well as on my own personal behalf, for the brilliant and substantive contributions he has made during his short tenure at the United Nations. His vision, his commendable initiatives and his outstanding leadership will be remembered by all of us long after he is gone, and what a remarkable farewell speech he made to us today. We will miss you, Richard.

Mr. Ben Mustapha (Tunisia) (*interpretation from French*): First, I would like to express my delegation's gratitude to you, Mr. President, for having convened this important meeting. I would also like to express my thanks to Mr. Guéhenno, Under-Secretary-General for Peacekeeping Operations, and to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their exhaustive and enlightening statements.

One year has passed already since the first meeting of the Security Council devoted to the question of the global epidemic of HIV/AIDS. For us it was a glimmer of hope and a first concrete step towards the recognition of the importance of the threat of this disease and what it represents to human security and its devastating effects in all areas.

The Security Council subsequently adopted resolution 1308 (2000), in which it states its deep concern at the scale of the pandemic and, in particular, the seriousness of the crisis in Africa. The resolution is aimed at intensifying the battle against AIDS, and it calls on countries to develop and implement long-term strategies to push back the disease. It also stresses the importance of training and prevention among peacekeeping personnel.

The seriousness and urgency of the situation, particularly in Africa, have led the international community to make the fight against this pandemic a priority. Indeed, during the Millennium Summit, the heads of State and Government renewed their commitment to combat AIDS and, on that occasion, set themselves the goals of slowing the progress of the virus. The General Assembly decided to convene a special session to consider this question from all aspects.

My delegation notes that while important stages have been passed during the past year, we cannot but express our deep concern, given the serious developments of the situation. The new cases of infection for 2000 number 5.3 million, with 3.8 million in sub-Saharan Africa alone. This sad reality teaches us that despite all the efforts made to date, the virus continues its ravages just about everywhere in the world. We are convinced of the need for the international community to mobilize additional resources to deal with the spread of this pandemic.

It is in this spirit that we stress the importance of the commitment of all the United Nations parties to unite their efforts and to devote their energies to containing this alarming situation. International solidarity remains the only viable option in the light of the complexity of the problem and its consequent dangers. Moreover, we reaffirm our conviction that humanity as a whole should benefit from progress made in the area of medical research. We consider it unacceptable that a part of humanity should be denied the right of access to drugs.

One of the priorities of the international community is, indeed, to ensure that drugs in sufficient quantities and at accessible prices are made available to the countries of the south. We are convinced that this idea should be the foundation of any international partnership in the fight against AIDS.

Africa remains the continent most affected by this disease. It is now home to 70 per cent of adults and 80 per cent of children infected by the HIV/AIDS virus worldwide. A little more than 25 million out of the 36 million affected by the virus live in sub-Saharan Africa. This situation is becoming intolerable. It creates new conflicts, devastates entire communities and negates decades of development efforts. The effects of this disease have spared no sector of life and continue to complicate situations. It is clearer today

than ever that while waiting for a vaccine that will protect everyone from infection by HIV/AIDS, access to treatment remains a priority that all should endorse.

The role of uniformed and peacekeeping personnel in the prevention of the spread of the virus is very important. In this respect, we welcome the efforts of the Department of Peacekeeping Operations and UNAIDS in the implementation of Security Council resolution 1308 (2000), and we encourage them to continue their efforts.

The use of educational material in order to raise awareness among peacekeeping personnel, the training of trainers, medical training models and the holding of targeted seminars are all positive actions undertaken by the Department of Peacekeeping Operations in this regard.

All these actions help make uniformed personnel more responsible and prepare them to play an important role in combating the virus. However, we feel that the Department of Peacekeeping Operations can fully assume its responsibilities only if it is given adequate means for accomplishing its task. This is why we feel it is useful to strengthen the financial and human resources of that Department.

Before concluding, I wish to join you, Mr. President, and my colleagues who have spoken before me in paying a heartfelt tribute to our friend Ambassador Richard Holbrooke for having courageously introduced the question of AIDS into the Security Council agenda and for his tireless efforts in the service of the United Nations. We are grateful to him for having initiated a debate on a question that affects almost all countries, particularly those of the African continent. On this last day of his term, I say to him simply, thank you, Richard.

Sir Jeremy Greenstock (United Kingdom): You do us honour, Mr. President, by sticking with us through this week, and I thank you for chairing this important debate. I would also like to acknowledge warmly the presence of the Norwegian Minister of International Development, who is with us today.

My delegation is extremely grateful for the comprehensive, full, interesting statements that Under-Secretary-General Jean-Marie Guéhenno and Executive Director Peter Piot made to us this morning. I shall come back to those in a moment. But I want particularly to thank Ambassador Holbrooke for bringing the HIV/AIDS debate into the Security Council a year ago. That meeting was unprecedented; some questioned its wisdom. Looking back, it was clearly the start of a process that has helped break the global silence on an immediate and widespread threat to mankind. We have made good progress since. It is a legacy, among many others, that he leaves to the Council and the United Nations. That is why I want to recognize at this, his last Council meeting, the extraordinary achievements of his 17 months.

He has not just made us think differently about the United States and its relationship with the United Nations, and made us do things in that context of which we did not think ourselves capable, but he has made us think differently about the issues themselves. What we often lack in our business at the United Nations is sheer political intensity, and he has brought us that in huge measure. I thank him for his electric input and friendship, and for his capacity through leadership, to elevate the United Nations.

There is one other tribute that I would like to pay in this context, and that is to his team at the United States Mission to the United Nations. They have been to a very special sort of charm school over the last 17 months. They have been nurse and midwife to a whole mongrel family of initiatives, pronouncements, orders, counter-orders, crises and real, solid achievements. They deserve our thanks for their role in shaping the extraordinary contribution of the United States to the United Nations and in preserving the sanity of the United Nations, no doubt at some small cost to their own.

Sweden will later make a statement on behalf of the European Union (EU) with which I align the United Kingdom. In addition to the EU effort, the United Kingdom is making significant new resources available internationally and to the United Nations to tackle the HIV/AIDS epidemic, including, most recently, $38 million to the United Nations Population Fund to help prevent a critical shortage of condoms in the developing world. We salute the similar efforts of other countries, and urge those who have not yet reviewed their contributions to do so as a matter of priority. Together we must do what we can to develop and promulgate vaccines and treatments and to make life easier for HIV/AIDS victims. But preventing new infection is of the highest importance in slowing the spread of HIV/AIDS and limiting its human and developmental costs.

The massive and rapid spread of HIV/AIDS is not just a health issue. It is a human development issue, an equity and equality issue and a significant threat to international peace and security. It therefore needs the coordinated response of United Nations bodies, including the Security Council. HIV/AIDS reverses development gains by destroying family structures, preventing adults from earning and leaving children exposed and vulnerable. In reversing development gains and creating environments in which political and ethnic tensions can worsen, HIV/AIDS can contribute to the proliferation of armed conflict. And, conversely, it becomes increasingly clear that security conditions have a direct impact on the spread of HIV/AIDS and that conflict and civil unrest can increase vulnerability to HIV/AIDS, particularly among women and children. Nowhere are the consequences more widespread or more devastating than in Africa, where 21 million people live with HIV/AIDS every day and where four fifths of all HIV/AIDS deaths have occurred.

The very scale of the HIV/AIDS problem requires an effective, efficient international response. But more than that, it requires a coherent response. We have all been involved in the United Nations system's effort to bring together economic, social, political and military actors to present a more coordinated and coherent approach to conflict. As a cause and consequence of conflict, and as a human and developmental tragedy, HIV/AIDS needs and deserves a similar effort.

In this context, the United Kingdom commends the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in providing a framework for cooperation and leadership of the United Nations response to HIV/AIDS. Peter Piot has done a really excellent job over the past year in following up Security Council resolution 1308 (2000), and I welcome his report this morning. We support UNAIDS development of a United Nations system strategic plan.

In resolution 1308 (2000), on the importance of HIV awareness among peacekeepers, the Security Council showed that it was ready to engage in a joined-up approach to HIV/AIDS. It is clearly right that we concern ourselves with the welfare of deployed troops and with the civilian populations whose vulnerability to the risk of infection can increase significantly during conflict and instability. We welcome that resolution and its follow-up resolution, resolution 1325 (2000), on the importance of HIV/AIDS awareness training for military and civilian police personnel and peacekeeping personnel, which is essential, too, for the protection of women affected by armed conflict.

The United Kingdom is pleased to be working with UNAIDS to develop practical proposals for United Nations peacekeeping forces and other uniformed services. We warmly welcome, too, the focus that the Department of Peacekeeping Operations is bringing to the problem, which Under-Secretary-General Guéhenno set out so clearly this morning. The cooperation framework agreement between UNAIDS and the Department of Peacekeeping Operations is a significant step, and we congratulate both teams on taking it, as well as on setting up a senior expert panel on HIV testing for peacekeepers.

A year on from Ambassador Holbrooke's initiative, we have come some way, but we have a long way left to go. The year 2001 is an important year in global efforts to tackle the HIV/AIDS epidemic. Outside this Council, the General Assembly special session on HIV/AIDS in June offers an opportunity to focus international attention on the need for yet greater efforts and yet more political and financial commitment to tackling the epidemic. It is vitally important that the General Assembly special session result in increased and accelerated country-level action to tackle HIV/AIDS across all sectors, paying particular attention to prevention and to a coordinated and coherent international response. It is also vitally important that our work here in the Council, in the funds and programmes, in the Economic and Social Council and in the specialized agencies contribute positively and effectively to that process. Let us decide together, today in the Council, to mainstream HIV/AIDS in all our relevant work on international peace and security, especially in Africa, and to insist on positive results.

Miss Durrant (Jamaica): One year ago, under the presidency of the United States of America, the Security Council took an unprecedented step by recognizing the threat that the HIV/AIDS pandemic poses to the peace and security of Africa, creating as it does a serious development crisis that threatens the future growth and prosperity of the affected countries, and wiping out decades of hard-won social and economic gains.

In July 2000, the Council went further, with the adoption of a groundbreaking resolution. Resolution 1308 (2000) focused on the potentially damaging

impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel, and the steps needed to protect them. It also recognized the importance of a coordinated international response to the HIV/AIDS pandemic, and that the pandemic is exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease as a result of large movements of people, widespread uncertainty over conditions and reduced access to medical care. The resolution also expressed keen interest in additional discussions among relevant United Nations bodies, Member States, industry and other relevant institutions in order to make progress, inter alia, on the question of access to treatment and care and on prevention.

It is against this background that the Jamaican delegation expresses its appreciation to the Under-Secretary-General for Peacekeeping Operations, Mr. Jean-Marie Guéhenno, and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for their comprehensive reports on the action taken since last July. In their remarks they demonstrated the partnership required to make into agents of change the men and women who serve the cause of peace across the globe in hostile and conflict situations.

We know that in situations of conflict, HIV/AIDS spreads indiscriminately to women, children, humanitarian workers, peacekeepers, soldiers and rebels alike. The cycle of the pandemic can be broken only if the world community acts in unison.

Dr. Piot has reminded us that no region of the world is immune to the impact of HIV/AIDS. As it continues to take its deadly toll, AIDS has adverse impacts on the social fabric of all societies. It destroys the productive capacity of the people, significantly reducing life expectancy. This in turn exacerbates poverty and marginalizes and orphans children, further adding to the pool of recruits, fuelling violence and even armed conflict.

In this context, let me thank the Government of Norway for the financial support announced in the Council today by the Minister of International Development for the comprehensive plan of action to be drawn up by UNAIDS on how to address HIV/AIDS in conflict situations.

In response to the potentially devastating effects of the epidemic, Caribbean heads of Government have taken several steps to develop appropriate mechanisms to respond to the crisis. A number of regional meetings have been held, and collaborative multisectoral efforts have been made in cooperation with UNAIDS. I wish to take this opportunity to express on behalf of the heads of Government appreciation to Dr. Piot and UNAIDS for the assistance we have received.

These efforts have been premised on the strongly held view that the question of HIV/AIDS can appropriately be addressed only in an integrated framework and in a holistic and comprehensive manner. It is in this sense that the efforts of the Security Council must serve as a complement to the activities of the Economic and Social Council and the General Assembly, United Nations funds and programmes, the specialized agencies and the Bretton Woods institutions.

The evidence suggests that the international community has intensified its efforts to curb the spread of this pandemic. The attention given to HIV/AIDS by the Security Council has, as Dr. Piot said, served to increase the issue's profile on the international agenda and can serve as a critical impetus for mobilizing further the international community.

Resolution 1308 (2000) has set the stage for developing clear mechanisms to address the issue of HIV/AIDS in international peacekeeping. The important role of troop-contributing countries in implementing the provisions of the resolution will determine in large part the success we achieve in protecting not only those civilians who continue to face armed conflict, but also those persons who serve in peacekeeping operations.

A few days ago, under your presidency, Sir, this Council discussed the importance of strengthening cooperation with troop-contributing countries. There can be no doubt that the issue of AIDS is one of the critical areas in which cooperation with troop-contributing countries is indispensable. Timely and constructive initiatives at all levels — including at the national and international levels and by the United Nations — will constitute our most effective responses.

In this regard, we note the activities that have already been undertaken by the Department of Peacekeeping Operations, as outlined to us today by the Under-Secretary-General, which are intended to sensitize peacekeepers, including support personnel. We welcome the efforts of the Department of

Peacekeeping Operations to train peacekeepers in the prevention of HIV/AIDS, and we note the importance of enhancing the pre-deployment orientation exercises undertaken with the collaboration of UNAIDS. We are cognizant of the challenge that these tasks entail, and we are encouraged by the expeditious manner in which action has been taken. We must emphasize in this connection the critical role of the Department of Peacekeeping Operations in ensuring the development of adequate policy guidelines on acceptable behaviour in relation to HIV/AIDS, and we note the important contribution being made by interested States.

The results achieved through the collaborative efforts of the Department of Peacekeeping Operations and UNAIDS remind us of the importance of increased cooperation among all relevant bodies and agencies. There can be no substitute for strong partnerships and for a global commitment to enhancing coordination and the intensification of national and international efforts.

Both the Economic and Social Council and the General Assembly have made important progress on the question of AIDS. We recall that during the Millennium Summit world leaders expressed their commitment to halting and reversing the spread of HIV/AIDS by the year 2015. The convening of the special session of the General Assembly in June of this year to address the problem of HIV/AIDS will allow the international community to consider the issue in a comprehensive manner, and must be seen as an opportunity to set goals and objectives for the future. We must consolidate the progress that has already been made and devise new and innovative approaches and long-term strategies. We encourage those in a position to do so to continue their assistance to developing countries in an effort to allow national Governments to implement effective programmes to combat the spread of the disease.

The International Partnership against HIV/AIDS in Africa is a welcome initiative that should be emulated in other parts of the world.

We also continue to insist that the world community must build on the experiences of and lessons learned from those countries that have successfully reduced the spread of the disease. We must remove the stigma of HIV/AIDS through public education, providing information on how the disease is transmitted and changing at-risk behaviour. We must provide public health facilities for testing, particularly for women of child-bearing age. We must aggressively seek a cure and develop vaccines while at the same time reducing the costs of medication and treatment and making them widely available. We must provide social and economic support, particularly for those orphaned by AIDS. I hope that this is an issue that will also be addressed during the special session of the General Assembly on children, in September.

Today's debate demonstrates the global partnership that is required if the world is not to lose future generations to the scourge of HIV/AIDS.

Let me, in conclusion, Mr. President, join you and the colleagues who have spoken before me in thanking Ambassador Richard Holbrooke for the leadership he has displayed and the tenacity with which he tackled this and other issues on the Council's agenda as he sought to improve relations between the United States and the United Nations. My delegation wishes him well in his future endeavours.

Mr. Levitte (France) (*spoke in French*): France associates itself in advance with the statement to be made later in our debate on behalf of the European Union by the Ambassador of Sweden, the current President of the European Union.

On behalf of France, I would like to thank Jean-Marie Guéhenno and Dr. Piot for their statements and for their actions. France is among the delegations that recognize and welcome the progress achieved. We have also just heard about new progress made, and we express our gratitude to them for it. Everyone agrees that more progress is needed, but let us welcome what has already been achieved.

We are faced with what is probably the most serious epidemic threat to afflict humanity since the Middle Ages. Apart from its effects on the health of entire populations, that threat has also served to roll back development and to imperil the stability and security of entire countries, and even of whole regions. Despite the slow progress achieved in the areas of research and drug development, it has nevertheless been possible to thwart somewhat the advance of the epidemic, particularly in the countries of the North.

The main problem confronting us today is as follows. The tens of millions of persons ill from HIV/AIDS live mostly in the South, while the drugs currently available to save millions of lives are generally in the North. There is something morally

unacceptable in this dichotomy. It is the duty of the international community to find a response to this current situation of the sick being in the South while the medicines are in the North. How do we do that?

During the first debate on this major issue, held a year ago on the initiative of Ambassador Holbrooke, France proposed to hold an international meeting devoted to the subject of access to treatment. That meeting will bring together donors, recipients, the pharmaceutical industry and, of course, patients' groups. Its goal will be to find lasting solutions to the problem of comprehensively reaching sick persons in the developing world through concrete projects and specific partnerships designed to benefit those millions of sick people who today have absolutely nothing to help them to survive.

France believes that such an international meeting should be among the operational outcomes of the upcoming special session of the General Assembly on AIDS. The international meeting proposed by France will be held from 30 November to 1 December 2001. The second meeting of the steering committee to make preparations for the meeting will be held from 24 January at Geneva.

Allow me to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS and Director-General Brundtland of the World Health Organization for their ongoing assistance in preparing for that meeting. It is my hope that this, the first year of the new millennium, will at long last be marked by a translation of our words into actions so that we can save the millions upon millions of lives that are today at stake in developing countries. France will spare no effort to pursue that goal.

I would like to introduce a point of order at this stage of our debate. You, Mr. President, have admirably found the words to express the gratitude all of us feel for Ambassador Richard Holbrooke. Those who have spoken before me have had their own words to say, all with a great deal of emotion and friendship, in expressing our gratitude to a truly exceptional ambassador.

We are here in a body that has a tradition of adopting resolutions. It seems to me that, given the importance of this event and the urgency imposed by the calendar by virtue of the fact that today is the last meeting at which our friend Richard Holbrooke will participate, I would like to ask the indulgence of the Council and of the President to propose for immediate adoption by the Council — for once putting aside the sacrosanct 24-hour rule — of a draft resolution, which I would now like to read out in English. Members of the Council have been made somewhat aware of it, and I appeal to Ambassador Holbrooke that, for once, he not use his veto power. The draft resolution reads as follows:

(*spoke in English*)

"*The Security Council*,

"*Recognizing* the exceptional contribution that Ambassador Richard Holbrooke made to the United Nations and to the improvement of relations between the United States of America and the United Nations Organization in only 17 months,

"*Emphasizing* the crucial importance of this relationship for both parties,

"*Would warmly welcome* a decision to maintain Ambassador Richard Holbrooke in his current capacity for the next four years."

(*spoke in French*)

I submit the draft resolution to our Council, and I yield the floor.

The President: Does Ambassador Holbrooke have anything to say?

Mr. Holbrooke (United States of America): You have before you further evidence of why the United States and France have such difficult bilateral relations. I am deeply touched by this, but on instructions I would have to exercise my veto.

I am deeply touched, Jean David, by your friendship and your generosity, and, of course, by all of my colleagues who have spoken thus far, and I thank you very very much.

The President: The draft resolution cannot be adopted, owing to the negative vote of a permanent member of the Council.

I understand Mr. Holbrooke would like to say a few words before I suspend the meeting.

Mr. Holbrooke (United States of America): In the event I cannot return this afternoon, I do want to express my appreciation for the remarks of all the representatives who have spoken so far — Norway,

Bangladesh, Tunisia, the United Kingdom, Jamaica and France — and I know that Colombia, Ireland, Ukraine and Mauritius are still to speak, in addition to the outside speakers.

I am deeply touched. I hope that the Under-Secretary-General and Dr. Piot will understand that my comments, while they may not agree with every aspect of them, are intended to help the situation. We are not here to worry about ourselves, but about the people who are affected.

I should like to make two comments. First, it seems to me that the public nature of this meeting and its value, in contrast to the informal private meeting, have been proven by the dramatic statements today, by the public attention they have received and by the new agreements between DPKO and UNAIDS. I hope this will usher in a new era of close cooperation. Again — I say this particularly in the presence of those not members of the Security Council — this kind of discussion should always be conducted in public, so the world knows we are concerned and so other nations can participate.

Secondly, on a personal note once more, I am deeply honoured to be part of this discussion. I am profoundly moved by the expressions of support. There is not much more to say, except to thank my friends around this table and my colleagues in the red chairs.

When I leave here at noon tomorrow, I leave the Mission in the hands of a very good team. I am particularly pleased that Secretary-designate Powell has asked Ambassador Cunningham to remain as the Deputy Permanent Representative and has already said that he wants to have a direct working relationship with Ambassador Cunningham until my successor is chosen. Everything you have said in praise of our efforts was not addressed simply to me, in my view, but to an entire team. R.P. Eddy, whom you all know, has worked tirelessly on this issue and deserves great credit. He has worked very closely with DPKO and UNAIDS and others in this room.

My entire team has all been terrific. Ambassador Soderberg will stay for a limited period, and Ambassador King has been asked to stay until a successor is named, which could be some time. We are all fortunate she will do that. I wanted to stress that even though Ambassador Levitte's resolution would be rejected by my Government I can assure him and his colleagues that the United States representation will continue to be ably led by Ambassador Cunningham.

The President: I wish to thank the representatives of France and the United States for their remarks.

There are a number of speakers remaining on my list. With the concurrence of members of the Council, I intend to suspend the meeting and to resume it at 3.30 p.m.

The meeting was suspended at 1.10 p.m.